

FILE 'MEDLINE, EMBASE, CAPLUS, USPATFULL' ENTERED AT 22:59:28 ON 31 AUG 2006

L1 56 FILE MEDLINE
L2 61 FILE EMBASE
L3 62 FILE CAPLUS
L4 44 FILE USPATFULL

TOTAL FOR ALL FILES

L5 223 S BUPROPION (10A) METABOLITE?
L6 1 FILE MEDLINE
L7 2 FILE EMBASE
L8 1 FILE CAPLUS
L9 18 FILE USPATFULL

TOTAL FOR ALL FILES

L10 22 S ANXIETY AND L5
L11 2 DUP REM L6-L8 (2 DUPLICATES REMOVED)
L12 99490 FILE MEDLINE
L13 89337 FILE EMBASE
L14 17390 FILE CAPLUS
L15 28186 FILE USPATFULL

TOTAL FOR ALL FILES

L16 234403 S NERVOUSNESS OR ANXIETY OR PANIC OR COMPULSIVE?

=> s l5 and l16

L17 1 FILE MEDLINE
L18 2 FILE EMBASE
L19 1 FILE CAPLUS
L20 18 FILE USPATFULL

TOTAL FOR ALL FILES

L21 22 L5 AND L16

=> s bupropion (10a) l16

L22 22 FILE MEDLINE
L23 22 FILE EMBASE
L24 19 FILE CAPLUS
L25 19 FILE USPATFULL

TOTAL FOR ALL FILES

L26 82 BUPROPION (10A) L16

=> dup rem l22-l24

PROCESSING COMPLETED FOR L22

PROCESSING COMPLETED FOR L23

PROCESSING COMPLETED FOR L24

L27 33 DUP REM L22-L24 (30 DUPLICATES REMOVED)
ANSWERS '1-22' FROM FILE MEDLINE
ANSWERS '23-25' FROM FILE EMBASE

=> s anxiety and panic

L28 5081 FILE MEDLINE
L29 6157 FILE EMBASE
L30 1828 FILE CAPLUS
L31 3607 FILE USPATFULL

TOTAL FOR ALL FILES

L32 16673 ANXIETY AND PANIC

=> s anxiety (5a) panic

L33 1929 FILE MEDLINE
L34 2134 FILE EMBASE
L35 1675 FILE CAPLUS
L36 2598 FILE USPATFULL

TOTAL FOR ALL FILES

L37 8336 ANXIETY (5A) PANIC

=> s anxiety and pupropion

L43 0 FILE MEDLINE
L44 0 FILE EMBASE
L45 0 FILE CAPLUS
L46 0 FILE USPATFULL

TOTAL FOR ALL FILES

L47 0 ANXIETY AND PUPROPION

=> s anxiety and bupropion

L48 111 FILE MEDLINE
L49 178 FILE EMBASE
L50 89 FILE CAPLUS
L51 637 FILE USPATFULL

TOTAL FOR ALL FILES

L52 1015 ANXIETY AND BUPROPION

=> fil medline, embase, cplus,

'CPLUS' IS NOT A VALID FILE NAME

Enter "HELP FILE NAMES" at an arrow prompt (=>) for a list of files that are available. If you have requested multiple files, you can specify a corrected file name or you can enter "IGNORE" to continue accessing the remaining file names entered.

ENTER A FILE NAME OR (IGNORE):end

=> fil medline, embase, cplus,

COST IN U.S. DOLLARS

SINCE FILE

TOTAL

ENTRY

SESSION

FULL ESTIMATED COST

55.56

55.77

FILE 'MEDLINE' ENTERED AT 23:10:51 ON 31 AUG 2006

FILE 'EMBASE' ENTERED AT 23:10:51 ON 31 AUG 2006

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FILE 'CAPLUS' ENTERED AT 23:10:51 ON 31 AUG 2006

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=> s (anxiety and bupropion)/ab

L53 75 FILE MEDLINE
L54 76 FILE EMBASE
L55 41 FILE CAPLUS

TOTAL FOR ALL FILES

L56 192 (ANXIETY AND BUPROPION)/AB

=> dup rem l56

PROCESSING COMPLETED FOR L56

L57 94 DUP REM L56 (98 DUPLICATES REMOVED)
ANSWERS '1-75' FROM FILE MEDLINE
ANSWERS '76-88' FROM FILE EMBASE
ANSWERS '89-94' FROM FILE CAPLUS

=>

National Library of Medicine – Medical Subject Headings

2006 MeSH

MeSH Descriptor Data

[Return to Entry Page](#)

MeSH Heading	Panic Disorder
Tree Number	<u>F03.080.700</u>
Annotation	note category: do not confuse with <u>PANIC</u> (Cat F1)
Scope Note	A type of anxiety disorder characterized by unexpected panic attacks that last minutes or, rarely, hours. Panic attacks begin with intense apprehension, fear or terror and, often, a feeling of impending doom. Symptoms experienced during a panic attack include dyspnea or sensations of being smothered; dizziness, loss of balance or faintness; choking sensations; palpitations or accelerated heart rate; shakiness; sweating; nausea or other form of abdominal distress; depersonalization or derealization; paresthesias; hot flashes or chills; chest discomfort or pain; fear of dying and fear of not being in control of oneself or going crazy. Agoraphobia may also develop. Similar to other anxiety disorders, it may be inherited as an autosomal dominant trait.
Entry Term	Panic Attacks
Allowable Qualifiers	BL CF CI CL CO DH DI DT EC EH EN EP ET GE HI IM ME MI MO NU PA PC PP PS PX RA RH RI SU TH UR US VI
Entry Version	PANIC DIS
Previous Indexing	<u>Anxiety Disorders</u> (1978–1991)
Previous Indexing	<u>Fear</u> (1978–1991)
Previous Indexing	<u>Panic</u> (1978–1991)
History Note	92
Unique ID	D016584

MeSH Tree Structures

Mental Disorders [F03]Anxiety Disorders [F03.080]Agoraphobia [F03.080.100]Neurocirculatory Asthenia [F03.080.500]Obsessive-Compulsive Disorder [F03.080.600]▶ Panic Disorder [F03.080.700]Phobic Disorders [F03.080.725]Stress Disorders, Traumatic [F03.080.931] +

[Return to Entry Page](#)[Link to NLM Cataloging Classification](#)

Last Updated on STN: 1 Feb 1995

L57 ANSWER 88 OF 94 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

AB . . . all appeared to demonstrate a partial or complete remission of their urges to shop in response to treatment with fluoxetine, **bupropion**, or nortriptyline. All patients had concurrent mood and **anxiety** disorders. These observations raise the possibility that thymoleptic treatment may benefit compulsive shopping, and call for further study of the relationship of compulsive shopping to other psychiatric disorders, particularly mood, **anxiety**, and impulse control disorders.

ACCESSION NUMBER: 91342850 EMBASE

DOCUMENT NUMBER: 1991342850

TITLE: Treatment of compulsive shopping with antidepressants: A report of three cases.

AUTHOR: McElroy S.L.; Satlin A.; Pope Jr. H.G.; Keck P.E.; Hudson J.I.

CORPORATE SOURCE: University of Cincinnati College of Medicine, 231 Bethesda Ave. (ML559), Cincinnati, OH 45267-0559, United States

SOURCE: Annals of Clinical Psychiatry, (1991) Vol. 3, No. 3, pp. 199-204. .

ISSN: 1040-1237 CODEN: APSYEZ

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 032 Psychiatry

037 Drug Literature Index

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 16 Mar 1992

Last Updated on STN: 16 Mar 1992

L57 ANSWER 86 OF 94 EMBASE COPYRIGHT (c) 2006 Elsevier B.V. All rights reserved on STN

AB A two-center, double-blind trial was conducted to compare the efficacy and safety of **bupropion** and nortriptyline in treating major depression in adults. Outpatients with a major depressive disorder and a score of 20 or . . . the 21-item Hamilton Rating Scale for Depression (HAM-D) after a 1-week, single-blind placebo phase were randomly assigned to receive either **bupropion** or nortriptyline for 6 weeks. Weekly assessments included the HAM-D, the Hamilton Rating Scale for **Anxiety** (HAM-A), the Clinical Global Impressions of Severity of Illness (CGI-S) and of Improvement (CGI-I), adverse events, and body weight. Of 115 patients randomized to treatment, 58 received **bupropion** (225 to 450 mg/d; mean, 333 mg/d) and 57 received nortriptyline (15 to 150 mg/d; mean, 111 mg/d). The improvement. . . by significantly ($P < 0.05$, $P < 0.05$, and $P < 0.01$, respectively) more patients treated with nortriptyline than with **bupropion**. Weight gain, as based on mean body weight changes, was associated significantly ($P < 0.05$) more often with nortriptyline than with **bupropion**. Overall, **bupropion** and nortriptyline have comparable efficacy in treating outpatients with major depression. Differences in the adverse event profiles of the two. . .

ACCESSION NUMBER: 94229927 EMBASE

DOCUMENT NUMBER: 1994229927

TITLE: Safety and efficacy of bupropion and nortriptyline in outpatients with depression.

AUTHOR: Masco H.L.; Kiev A.; Holloman L.C.; Batey S.R.; Johnston J.A.; Lineberry C.G.

CORPORATE SOURCE: Department of Clinical Neurosciences, Burroughs Wellcome Co., 3030 Cornwallis Road, Research Triangle Park, NC 27709, United States

SOURCE: Current Therapeutic Research - Clinical and Experimental, (1994) Vol. 55, No. 7, pp. 851-863. .
ISSN: 0011-393X CODEN: CTCEA

COUNTRY: United States

DOCUMENT TYPE: Journal; Article

FILE SEGMENT: 032 Psychiatry
030 Pharmacology
037 Drug Literature Index
038 Adverse Reactions Titles

LANGUAGE: English

SUMMARY LANGUAGE: English

ENTRY DATE: Entered STN: 26 Aug 1994

Last Updated on STN: 26 Aug 1994

L57 ANSWER 74 OF 94 MEDLINE on STN

AB The use of the broad range of antidepressant drugs in depression, panic agoraphobia, and generalized **anxiety** is reviewed and the current ambiguous status of the benzodiazepines in **anxiety** disorders discussed. The place of newer antianxiety drugs (buspirone, propranolol) and antidepressant drugs (floxetine, **bupropion**, trazodone) in treatment is considered. Methods for adjusting dose and counteracting common drug side effects are presented.

ACCESSION NUMBER: 88231900 MEDLINE

DOCUMENT NUMBER: PubMed ID: 3287039

TITLE: The drug treatment of anxiety and depression.

AUTHOR: Cole J O

CORPORATE SOURCE: Psychopharmacology Program, McLean Hospital, Belmont, Massachusetts.

SOURCE: The Medical clinics of North America, (1988 Jul) Vol. 72, No. 4, pp. 815-30. Ref: 32
Journal code: 2985236R. ISSN: 0025-7125.

PUB. COUNTRY: United States

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)
General Review; (REVIEW)

LANGUAGE: English

FILE SEGMENT: Abridged Index Medicus Journals; Priority Journals

ENTRY MONTH: 198807

ENTRY DATE: Entered STN: 8 Mar 1990

Last Updated on STN: 8 Mar 1990

Entered Medline: 5 Jul 1988

L57 ANSWER 75 OF 94 MEDLINE on STN

AB Children with Attention Deficit and/or Conduct Disorders were treated with **bupropion**, a new antidepressant, to determine its clinical, cognitive, and EEG effects. Seventeen male patients (age range 7 to 13.4 years; mean 10.4) participated in an open clinical trial consisting of a baseline placebo period (4 weeks), **bupropion** therapy (8 weeks), and post-drug placebo (2 weeks). Evaluations included clinical assessments, parents, teachers, and self-ratings; cognitive tests and blood level measurements of **bupropion**. Fifteen patients received a daily maximum of 150 mg, one received 100 mg and one 50 mg. Clinical global improvement with **bupropion** therapy was marked in 5 patients, moderate in 7, mild in 2, and none in 3. The Children's Psychiatric Rating Scale indicated improvements of hyperactivity, withdrawal, **anxiety**, hostility/uncooperativeness, sleep disorder, antisocial behaviour, neuroticism, depression and eating disturbance. Parents' Questionnaires indicated significant improvements of conduct disorder, **anxiety**, hyperactivity, muscle tension and psychosomaticism. While no single cognitive test showed significant improvement, all nine tests changed in the positive. . . infrequent, transient and mild. There were no clinically significant changes of the laboratory values and vital signs. Two weeks following **bupropion** discontinuation, clinical global improvement was maintained in 8 patients, 7 showed relapses, while 2 remained unimproved. Analyses of computerized EEG revealed that degree of clinical improvement was indexed by baseline EEG parameters and that there were significant **bupropion** effects on EEG measures. Double-blind trials of **bupropion** are recommended in child psychiatry disorders.

ACCESSION NUMBER: 87001869 MEDLINE

DOCUMENT NUMBER: PubMed ID: 3093046

TITLE: Bupropion effects in attention deficit and conduct disorders.

AUTHOR: Simeon J G; Ferguson H B; Van Wyck Fleet J

SOURCE: Canadian journal of psychiatry. Revue canadienne de psychiatrie, (1986 Aug) Vol. 31, No. 6, pp. 581-5. Journal code: 7904187. ISSN: 0706-7437.

PUB. COUNTRY: Canada

DOCUMENT TYPE: Journal; Article; (JOURNAL ARTICLE)

LANGUAGE: English

FILE SEGMENT: Priority Journals

ENTRY MONTH: 198610

ENTRY DATE: Entered STN: 2 Mar 1990

Last Updated on STN: 3 Feb 1997

Entered Medline: 31 Oct 1986

=> FIL STNGUIDE

COST IN U.S. DOLLARS

SINCE FILE	TOTAL
ENTRY	SESSION
76.22	131.99

FULL ESTIMATED COST

DISCOUNT AMOUNTS (FOR QUALIFYING ACCOUNTS)

SINCE FILE	TOTAL
ENTRY	SESSION
-4.50	-4.50

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AND TECHNOLOGY CORPORATION, AND FACHINFORMATIONSZENTRUM KARLSRUHE

FILE CONTAINS CURRENT INFORMATION.

LAST RELOADED: Aug 25, 2006 (20060825/UP).

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"Behavioral indications for Serotonin Receptor Hypersensitivity in Panic Disorder", Psychiatry Res., Vol. 25, pp. 101-104 (1988), have reported mCPP induces **anxiety** in a group of panic disorder patients.

SUMM . . . is substantially metabolized to mCPP at levels considerably above the mCPP levels that Zohar et al., supra, found to induce **anxiety** and obsessional states in susceptible individuals.

SUMM Also, a discussion of **bupropion** and its three major metabolites, erythrohydrobupropion, hydroxybupropion, and threohydrobupropion, as well as the strong relationship of higher hydroxybupropion metabolite concentrations in therapeutically non-responding patients in contrast to responders, can be seen in Posner et al., "The Disposition of **Bupropion** and Its Metabolites in Healthy Male Volunteers after Single and Multiple Doses", Vol. 29, Eur. J. Clin. Pharmacol., pp. 97-103 (1985) and Bolden et al., "**Bupropion** in Depression", Vol. 45, Arch. Gen. Psychiatry, pp. 145-149 (February 1988). Hydroxybupropion, therefore, represents an unwanted metabolite.

SUMM An object of the present invention is to increase the effectiveness of certain selected trifluorobenzodiazepines on human subjects to reduce **anxiety** and convulsions.

DETD . . . medicaments include, but are not limited to, a medicament selected from the group consisting of propoxyphene, trifluorobenzodiazepine, nefazodone, trazodone, chlorimipramine, **bupropion**, and combinations thereof.

DETD . . . BZ.sub.2 receptors of the human central nervous system has been linked to muscle relaxation and ataxic effects. N-desalkyl-2-oxoquazepam (DOQ), an **active metabolite** of quazepam (Q), is BZ.sub.1, BZ.sub.2 receptor non-specific, and also has a much higher affinity or potency for both receptor. . . .

DETD . . . dosing provide for an unexpected and surprising enhancement of the efficacy and reduction of toxicity of the drug in reducing **anxiety** and convulsions in humans.

DETD Conditions such as obsessive compulsive syndrome and panic disorder, which have a large overlap with **anxiety** disorders, are susceptible to precipitation and worsening with mCPP. The present discovery indicates that mCPP, an unwanted metabolite of nefazodone, . . .

DETD . . . an unwanted metabolite, induces a rapid onset of adverse consequences, and at times long-lasting adverse consequences, including obsessional ruminations and **anxiety** as reported by Zohar et al. With the present invention, it has been demonstrated that the rapid onset of mCPP. . . .

CLM What is claimed is:

2. The method of claim 1, wherein the medicament comprises **bupropion**.

ACCESSION NUMBER: 1998:39527 USPATFULL
TITLE: Intraoral dosing method of administering medicaments
INVENTOR(S): Ellinwood, Jr., Everett H., 3519 Tonbridge Way, Durham, NC, United States 27707
Gupta, Samir K., 807 Woodbridge Common Way, Iselin, NJ, United States 08830

	NUMBER	KIND	DATE
PATENT INFORMATION:	US 5739136		19980414
APPLICATION INFO.:	US 1996-622829		19960327 (8)
RELATED APPLN. INFO.:	Continuation-in-part of Ser. No. US 1994-321246, filed on 11 Oct 1994, now patented, Pat. No. US 5504086 which is a continuation-in-part of Ser. No. US 1993-38911, filed on 29 Mar 1993, now patented, Pat. No. US 5354780, issued on 11 Oct 1994 which is a		

continuation-in-part of Ser. No. US 1991-703049, filed
on 17 May 1991, now patented, Pat. No. US 5198436,
issued on 30 Mar 1993 which is a continuation of Ser.
No. US 1989-422992, filed on 17 Oct 1989, now abandoned

DOCUMENT TYPE: Utility
FILE SEGMENT: Granted
PRIMARY EXAMINER: Fay, Zohreh
LEGAL REPRESENTATIVE: Jenkins, P.A., Richard E.
NUMBER OF CLAIMS: 4
EXEMPLARY CLAIM: 1
NUMBER OF DRAWINGS: 12 Drawing Figure(s); 10 Drawing Page(s)
LINE COUNT: 673
CAS INDEXING IS AVAILABLE FOR THIS PATENT.

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